

2-6	<b>Inventory for Client and Agency Planning Assessment</b>	Part 1 of 2
Authorizing Utah Code: 62a-5-103	Rule: None	DD Supports
Approved: 8/12/99	Rule Effective: n/a	Printed: 1/00
Form(s): 1056 and ICAP	Guideline(s): None	

## POLICY

The **Support Coordinator** shall complete the Inventory for Client and Agency Planning (ICAP) at the time a **Person** applies for support services and update the **Person's** ICAP as needed. The ICAP is used to **Plan** and develop programs and to describe the support a **Person** may require when living with functional limitations. The ICAP findings are considered in establishing a reimbursement rate for each **Person**. The ICAP is not required for **Persons** who receive or apply for brain injury or personal assistance services.

## PROCEDURES

1. The **Support Coordinator** completes the ICAP for all **Persons** applying for supports due to **Mental Retardation** or **Developmental Disabilities**. Assessment information is provided by the **Person** and/or an informant who knows the **Person** well. When an ICAP is administered on behalf of a **Person** currently receiving supports, all service **Providers** who are serving the **Person** at that time shall be consulted for accuracy of the information. The **Person/Representative** and **Provider** are notified prior to the completion of the **Person's** ICAP and invited to provide assessment information.
2. The completed ICAP shall be computer scored at the **Region Office**. Score results shall be submitted to the **Division State Office** electronically. The Utah Social Services Database System (USSDS) client screen will be updated whenever a new ICAP is completed. A copy of the **Persons'** ICAP score sheet is available, with a release of information signed by the **Person/Representative** upon request from the **Person's Support Coordinator**.
3. **Regions** shall establish an Inventory for Client and Agency Planning (ICAP) review process. The ICAP review process includes: selection of a **Region** ICAP review coordinator who shall establish and monitor procedures to ensure that the information used in completing the ICAP is accurate, that standardized procedures are followed and that results accurately assess the **Person's** needs.
4. Other review procedures include:
  - A. The **Support Coordinator** reviews the ICAP annually during the annual review process and determines if the ICAP continues to represent the **Person's** adaptive functioning level. If the ICAP continues to reflect current functioning level, no further action is taken.
  - B. If a written request is made by a member of the **Person's Team** to complete a new ICAP, the **Support Coordinator** has 30 days from the time the written request was received to determine whether a new ICAP is required and to notify the **Team** member requesting the review in writing of the determination. If it is determined that a new ICAP should be completed, the **Support Coordinator** has 60 days from the date the initial request was received to complete a new ICAP.

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Form(s): 1056 and ICAP	Guideline(s): None	

- C. Following the completion of a new ICAP for a **Person** who receives Level 1 through Level 4 funding, the **Support Coordinator** shall:
- file the new ICAP in the **Person's** file if there is no change in the **Person's** funding level and take no further action at that time, or
  - forward the completed ICAP and supporting data to a **Supervisor**, if the funding level increases.
- D. If the new ICAP score indicates a rate level increase, but not to level 5, the **Supervisor** shall review the completed ICAP along with supporting data to determine the factors leading to the rate increase request and how **Provider** actions will change following a rate increase. If the **Supervisor** agrees that the ICAP increase is justified, the **Support Coordinator** will negotiate the new level of service with the **Provider** and complete the **Form 1056** to implement the new rate. The new ICAP is then filed in the **Person's** record.
- E. If the new ICAP score indicates a rate change to or from a Level 5, the **Supervisor** shall review the completed ICAP response booklet and score sheet along with supporting information. If the **Supervisor** agrees with the new score, the assigned **Region** staff reviews the documents. If the reviewer agrees the increased rate is justified, the **Form 1056** shall be completed and a signed copy sent to **Providers** before the new rate is implemented. IT IS MANDATORY THAT ALL ICAP ASSESSMENTS WHICH SHOW AN INCREASE TO A LEVEL 5 BE ACCOMPANIED BY DOCUMENTATION THAT INCLUDES, BUT IS NOT LIMITED TO: incident reports, behavioral assessments, medical needs, physical limitations, recommended behavior programs with already collected baseline supporting data, anecdotal reports, a copy of the current **Person-Centered Plan** and a statement that indicates how the **Provider** proposes to meet the **Person's** needs which led to the Level 5 designation, etc.
5. If the **Person's** ICAP level decreases, the **Supervisor** will review and approve the change. If it is justified, the **Region** staff will coordinate with the **Provider** to change the supports to be provided, complete a new **Form 1056** to reduce the reimbursement rate, and set an effective date for the change to be implemented.
6. The **Region** ICAP review coordinator reviews the ICAP at the request of the **Supervisor** whenever there is disagreement concerning the ICAP score or the **Person's** support needs. If the review coordinator is unable to resolve the disagreement, the ICAP is forwarded to the State Review Committee. The State Review Committee composed of **State Office** and **Region** staff and two **Provider** representatives shall review the assessment information and supporting documentation and make a recommendation to the **Division Director**. The **Division Director** evaluates the recommendation and makes a final decision.

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